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ABSTRACT

This practicum study implemented a training program in the teaching of social skills for 4 child care workers at a group home for 12 adolescents having moderate to severe emotional and behavioral problems. The inservice training program involved teaching concepts, techniques, and social skills terminology during the first four sessions, with training practice emphasized during the remaining 5 weeks of the practicum. During this period, child care workers developed and implemented two social skills training intervention plans. The training program emphasized proactive interventions to help youths build new strengths and develop more effective coping skills. Content analysis of daily log recordings indicated that the child care workers did improve their treatment planning skills with increased linkages between log recordings and youths' treatment plan goals and strategies. Appendices include the social skills training knowledge test and scores, the content analysis coding scheme and results, an outline of the practicum weekly implementation plan, and outlines of the inservice training plans. (Contains 34 references.) (DB)

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Running Head: TEACHING A MODEL OF SOCIAL SKILLS TRAINING

Teaching A Model Of Social Skills Training To Child Care Workers At A Group Home For Adolescents, For Improvement Of Treatment Planning

Lyle T. Gramling

Cohort LVI

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A Practicum Report Presented to the Master's Program in Life Span Care and Administration in Partial Fulfillment of the Requirements for the Degree of Master of Science

Nova Southeastern University

1994

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9/28/94
DATE

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Abstract

Teaching a model of social skills training to child care workers at a group home for adolescents, for improvement of treatment planning. Gramling, Lyle T., 1994: Nova Southeastern University, Master's Program in Life Span Care and Administration. Descriptors: Treatment Planning/Social Skills Training/Staff Training/Inservice Training/Child and Youth Care Workers/Group Home/ Residential Treatment/Behavior Interventions/Intervention Techniques/Content Analysis.

A team of group home child care workers had never had an opportunity to learn effective treatment intervention techniques. The author designed an inservice training program to teach this team a model of social skills training. Concepts, techniques, and social skills terminology was taught the first four sessions. Knowledge acquisition was measured using a pre/post test.

Training practice was emphasized throughout the remaining weeks of the practicum. Child care workers developed and implemented two social skills training intervention plans during this period. The author used a content analysis design to measure the linkages between child care workers' log recordings and youths' treatment plan goals and strategies, before and after training. Samples of the evaluative instruments are included in the appendices.

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Chapter 1

INTRODUCTION AND BACKGROUND

The setting for this practicum is a twelve-bed, co-educational group home, owned and operated by a religiously affiliated, non-profit children's residential care agency. The agency operates two other residential facilities besides the group home. A corporate management office provides administrative support and oversight for all three programs. The corporate office and three facilities are all located several hours' driving distance from each other. In total, the agency employs 93 staff, and provides care and treatment for 116 youths.

The group home is located in a small community in a predominantly rural area of the state. Males and females, ages 13 to 17, are referred for services by the state's division of family services. By state screening criteria, youths accepted into the program are assessed as having "moderate" to "severe" emotional and behavioral problems. In general, they are youths who have experienced unstable, abusive, and neglectful family backgrounds. The group home can serve a maximum of six males and six females at a time. Most youths come from communities located within an approximately

100 mile radius of the program. Placements are generally long-term, lasting more than six months; but emergency care services are sometimes provided, if there are available beds at the group home.

In addition to standard group care services, youths in long-term care receive individual, group, and family counseling services. The majority of group home residents attend public school, but occasionally a youth may study for a general equivalency diploma (G.E.D.) at the local community college.

Four direct-line Child Care Workers (CCW's), divided into teams of two, alternate twenty-four-a-day, seven-day-a-week shifts living in with the youths. Three part-time night workers oversee safety and security during normal sleeping hours. Other group home personnel include a Site Director, a Residential Caseworker, and an Office Manager.

The treatment staff have varying degrees of experience working with troubled youths. One CCW team is a married couple. They have worked at the group home four and a half years, and worked at one of the agency's other facilities for two years before coming to the group home. The male member of the team has a bachelor's degree in education, but has never taught

school. The female is a licensed practical nurse. Neither had worked in a youth residential care facility before coming to the agency. The male had worked in a manufacturing plant, and the female had worked in various health care settings.

The second CCW team is comprised of a single female and a single male. The female CCW has a bachelor's degree with a major in liberal arts. This person had worked as an office manager in various health care settings before going to college to earn a degree. Employment at the group home started about a year ago. The male CCW just started work at the group home. This person has a bachelor's degree in education, and had previously worked at several residential facilities serving troubled youths.

The Residential Caseworker has a bachelor's degree in child development and a master's degree in mental health guidance and counseling. This individual worked for three years as a children's protective service worker at the state agency before coming to the group home four years ago. The treatment staff range in age from the early 30's to the late 40's.

The author is Site Director at the group home, and has held the position for 12 years. Before assuming

the position as the group home's first director, the author worked two years as a direct-line CCW and six years as a residential caseworker at one of the agency's other sites. The author has a bachelor's degree in social work, and is currently working to earn a master's degree in child and youth care administration.

The author's job responsibilities include (1) planning, directing, and coordinating program services; (2) recruiting, selecting, training, supervising, and evaluating program personnel; (3) coordinating building, grounds, and equipment maintenance; (4) assisting in site budget preparation; (5) developing and maintaining positive community relations; (6) providing guidance and leadership for a regional advisory board; (7) ensuring conformity with licensing and accreditation requirements; (8) conducting weekly staff meetings; (9) participating in corporate management planning meetings; and (10) sharing responsibility for 24-hour, on-call response to any emergency.

The author, Residential Caseworker, and Office Manager are all located in an office building immediately adjacent to the group home. As such, the "office staff" have frequent interaction with the

CCW's and residents throughout the working day. The author, Caseworker, and four CCW's meet together once a week for formal information exchange and resident case review. This meeting always occurs on Wednesday mornings when one CCW team is going off-duty and the other team is starting a seven-day shift.

Chapter 2

STUDY OF THE PROBLEM

Problem Statement

The CCW's were devoting most of their time and attention to daily living routines and behavior management issues. As treatment team members, the CCW's were not actively participating in the initial treatment planning process, consistently utilizing growth-enhancing interventions in the group care environment, or monitoring and evaluating treatment progress effectively. The Residential Caseworker was handling most of the responsibilities related to treatment assessment, treatment planning, treatment delivery, and treatment evaluation. This problem was attributable to the CCW's lack of knowledge pertaining to the methods and practices of proactive intervention. Proactive interventions are planned treatment actions undertaken by residential staff to help youths build new strengths and develop more effective coping skills. For the most part, the CCW's had been trained only to utilize a reactionary approach that relied heavily on discipline as the primary means of intervention.

Documentation

The author documented the problem through an

examination of various group home records.

Personnel records. The author's review of employment applications, employee resumes, and educational transcripts documented the fact that only one of the four CCW's came to the agency with prior youth care experience. None of the CCW's had been formally trained to work with troubled youths. In other words, the CCW's were not required to possess knowledge of intervention techniques as a condition of agency employment.

Training records. Nearly four years prior to the author's study of the problem, two of the four CCW's had participated in an agency inservice training program titled, **Connecting: Essential Elements of Child Care Practice** (1988). The series contained seven training modules, and was taught by an agency employee from one of the other site locations. The author had also participated in the training. The CCW's considered the training helpful at the time, but there was no concerted effort to apply learned skills to group home practices once the series ended. According to the records, this series was the last formal training offered to CCW's which had any relevance to intervention practice.

Treatment plans. Following the examination of training records, the author reviewed ten treatment plans. Each plan targeted problem issues to be addressed in office counseling sessions. There was no mention of CCW-initiated interventions except for a few notations indicating times when CCW's were to offer "support" and "encouragement" to youths, without defining these terms.

Daily log recordings. The agency's procedures manual instructs CCW's to make at least one written entry per day, per resident, noting actions which have been undertaken that day to serve the resident relative to the stated goals and objectives of the treatment plan. The author reviewed two months' worth of log notes. Few entries indicated any mention of a youth's treatment plan or any mention of a planned, therapeutic intervention. Instead, most recordings simply noted youths' activities, problem behaviors, and disciplinary consequences.

Weekly progress summaries. The procedures manual also instructs CCW's to write a weekly progress summary for each youth for discussion at weekly staff meetings. The summaries are to indicate whether or not a particular treatment issue has been resolved, and

whether or not a specific intervention strategy should be continued or modified. The author reviewed four weeks' worth of summaries. All merely highlighted activities, appointments, and problem behaviors. Little effort was made to link the summaries to the goals and strategies outlined in youths' treatment plans.

Analysis

According to Krueger (1990), a number of organizational principles and practices affect a CCW's level of involvement in youth treatment. At the author's agency, lack of comprehensive staff training was the major cause of the problem; but there were other, more subtle causes also. Some of those factors will be examined in the next section, and discussed in relationship to substantiating information that was obtained from a review of the literature. The author's observations are derived from 20 years of employment at the agency. An interview with the agency President provided the author with additional insight.

Relationship to the Literature

The agency had its beginnings in orphanage care, the same origin as many of today's church-related, residential programs (Barnes & Kelman, 1974). The President arrived at the agency in 1970, to begin the

task of changing the agency's service orientation from long-term custodial care for orphans to shorter-term, treatment-oriented care for emotionally troubled children. Much of the current agency philosophy, and many current practices, originated from administrative and board actions that occurred two decades ago. The author will show how those early actions, that were mostly positive at the time, later became obstacles to involving CCW's as active participants in youth treatment.

Staffing Patterns

In 1970, CCW's were called houseparents. They worked six days, with one day off. According to the President, they were sometimes fortunate to get one day off. It was not uncommon for houseparents to have to work for weeks at a time before they received a break. When the author came to the agency in 1973, houseparents worked eight days and received four days off. Relief houseparents filled in when regular houseparents were off-duty.

In 1974, administrators decided that houseparents deserved a better work schedule. After a series of staff meetings, the President made a recommendation to the board to eliminate the position of relief

houseparent and to begin staffing each living unit with two sets of full-time houseparents, each houseparent couple working five days and having five days off. The board approved the recommendation, and this model is still in use today. The only thing that has changed is that CCW's now work seven days and have seven days off.

The equal-on/equal-off schedule was a positive move when it was first adopted. Today, however, the model is no longer effective; it is one of the factors that causes a problem with CCW's participation in treatment. The model served the agency well in the days when a CCW's main tasks involved primary care responsibilities (Small & Dodge, 1988); but in today's environment the model creates three problems. First, by the nature of the schedule, the agency misses out on a large pool of potential CCW applicants, some of whom might be better qualified in youth treatment than the present CCW's. It is simply not feasible for people with dependent children to work a seven-day shift. Second, most CCW's are physically and emotionally exhausted at the end of a seven-day stretch. They tend to lose their stamina and patience by about the fourth or fifth day of work. At that point in the shift, CCW's often find it easier to use a disciplinary intervention rather than a more

positive approach. Third, treatment planning occurs weekly when one team of CCW's is starting a shift and the other team is going off. Teams going off duty generally find it difficult to concentrate on the treatment process. Due to exhaustion, they simply want to go home and rest.

Treatment Teams

Treatment teams were formed at about the same time that houseparents went to an equal-on/equal-off work schedule. Since there were no psychologists, psychiatrists, or even teachers on staff at the time, the houseparents and an assigned caseworker became the primary treatment team for each living unit. The houseparents appreciated the opportunity to be involved in the decision-making process, but the new role did not necessarily help them increase their intervention skills. In reality, it was probably a way of rewarding them for "dedication but not for skill" (Barnes & Kelman, 1974, p. 9). It did boost morale, however, and it gave houseparents a greater sense of team responsibility. The President also started involving teams in many of the administrative decisions which had to be made. This further increased morale, and gave houseparents a better appreciation of the many decisions that influence how

treatment is provided (Krueger, 1990).

The author is not critical of the agency's decision to switch to a teamwork model. That is the way it should be; however, because of agency negligence in other areas, the teamwork approach did not create significant improvement in the quality of therapeutic intervention that occurred in the group care environment.

Hiring Practices

For years, the agency preferred hiring husband and wife CCW teams. There was general consensus that married couples provided the best role-modeling for troubled youths. This was at a time when CCW's were expected to act more as parent substitutes (Small & Dodge, 1988). Since couples could not work and have dependent children, most CCW's were either quite young and looking for beginning work experience, or they were somewhat older couples whose children were grown and out of the home. The younger couples were often better educated, but they generally did not stay with the job very long. Most would leave to find higher-paying positions and to start families of their own. Older couples tended to stay longer, but it was sometimes difficult to find spouses with fairly equal skills. The poor work of one spouse often interfered with the

accomplishments of the other spouse. The agency still hires couples, but the practice is not emphasized as much as it once was. Rapid turnover creates an adverse effect on the treatment environment, and couples with mismatched skills also produce a negative effect.

In recent years, the agency has been hiring single people. Unfortunately, it is sometimes difficult to retain singles because of relatively low wages. Married couples are in a better situation, because they earn "double pay." Single people with good skills and education are often forced to go elsewhere to make a decent living. Again, CCW turnover has a harmful effect on the treatment process.

Treatment Philosophy

The President is largely responsible for the agency's treatment philosophy. It has not changed significantly over the years. In essence, the President's viewpoints on treatment are similar to those of Maier (1979, 1987, 1990, 1991) and Fewster (1990). CCW's are expected to be good role-models, and they are expected to be good listeners. The President believes in the "power of human relationships," and thus expects CCW's to develop a nurturing and supportive relationship with each youth in care. Psychodynamic counseling (Brendtro & Ness, 1983)

is the "accepted" treatment method. Behavioral approaches that utilize token reward systems are strongly discouraged.

The agency describes its program of treatment as being eclectic. This has created a problem for CCW's who do not have experience or training in treatment techniques. The term "eclectic" means nothing to them. They do not have a "unifying practice model" in the group care environment. As a result, they resort to reactive disciplinary interventions (Daly & Dowd, 1991).

Treatment Planning

"Treatment plans set the stage for all interactions with a specific youth" (Krueger, 1983, p. 16). Up until a few years ago, treatment planning occurred haphazardly. Caseworkers were expected to write plans after consulting with CCW's, but the plans were often not done. When plans were designed, caseworkers used whatever format they desired.

A standard treatment planning model was developed in 1989. It still does not contain a section for planned, group care interventions. Agency caseworkers design counseling interventions, and CCW's are left to plan activities and daily living routines.

Apparently, this scenario is somewhat common

throughout the United States. Barnes and Bourdon (1990) describe an international learning exchange that occurred between American and French CCW's. French educateurs, as they are called, were quoted as, " . . . . (finding) their responsibilities here (in the U.S.A.) to be more narrowly defined and with considerably more emphasis on social control of children and basic caretaking of (the) residential unit" (pp. 301-302).

CCW Training

CCW training is the most neglected area in the agency. It is the primary reason CCW's are not involved in treatment planning, and the primary reason CCW's do not use proactive interventions in the group care environment. CCW's have never been offered much in the way of formal preservice training, and comprehensive inservice training is just now starting in the agency.

There are many reasons for this lack of training. Budgetary and time constraints are reasons frequently cited. The agency has now reached the point where CCW training can no longer be neglected. Issues of accountability, such as those discussed by Thomas (1989), are forcing the agency to take a new look at the way treatment is provided. These accountability issues involve factors which include, but are not limited to,

(1) governmental regulations, (2) reduced purchase-of-service funding, (3) third-party payment, (4) higher accreditation standards, and (5) increased public alarm over escalating social service funding expenses that produce questionable results.

The agency needs to make certain that all treatment staff are highly qualified and well-trained. This is not a matter of choice; it is a matter of survival. Most importantly, youths in care deserve the best treatment that can be provided. They deserve to be cared for by CCW's who have the skills and the knowledge to engage in effective, proactive intervention.

Chapter 3

SOLUTION STRATEGY

Goals And Objectives

Two goals were developed for this project. Goal one was to help CCW's gain working knowledge of an intervention technique that could be implemented in the group care environment, and utilized as an alternative approach in place of the disciplinary methods that were being used. The outcome objective for this goal was:

1. By the end of the fifth week of the project, participating CCW's will demonstrate increased knowledge of an intervention technique by at least 25% over the baseline, as measured by a pre/post test.

After researching several different treatment techniques, the author selected social skills training (SST) as the most appropriate method of youth intervention in the group care environment. To measure the outcome of the CCW's knowledge of SST, following inservice training, the author designed a 25-question, 100-point testing instrument (Appendix A). The test contains 16 multiple-choice questions and nine true/false ones. Questions cover the basic principles, techniques, and

terminology of SST. It was given to CCW's prior to inservice training and then again at the completion of training. The first test scores provided a baseline measurement of SST knowledge. Post-training scores were compared to baseline results as a means of measuring knowledge acquisition.

Goal two was to help the CCW's learn treatment planning skills, so that they could become more active and effective participants in the overall treatment process. The outcome objective for goal two was:

> 2. By the end of the project, there will be a 50% increase in indicators of linkage between treatment plan goals and strategies and implementation of those strategies as reported in daily log recordings in two identified cases, as measured by content analysis of treatment plans and daily recordings written three weeks prior to project implementation, and log recordings written the final three weeks of the project.

"Content analysis is a research method that uses a set of procedures to make valid inferences from text"

(Weber, 1990, p. 9). The method can be used for both qualitative and quantitative assessment (Weber, 1990). The author used the process to measure the number of occurrences of linkage between log recordings and treatment plan goals and strategies, before and after inservice training.

Although it was certainly not required, the author took the referenced time-blocks of log recordings and had them typed out sentence-by-sentence. This simply made the recordings easier to read and analyze. Certain identifying information was deleted to protect client confidentality. During the time of project implementation, the CCW's were trained to understand the importance of log recordings and information that should be included; but they were not told that the author would actually be analyzing their recordings. This information was withheld as a means of increasing the validity of the author's findings. The author wanted to determine if CCW recording skills would improve naturally after SST inservice training.

After the recordings were typed, the author then studied a portion of the text and created a content analysis coding scheme (Appendix B). The scheme contains five coding categories and a list of indicator words for

each category. Using the scheme, the author coded all of the sentences in the log recordings. In many instances, one sentence contained several different codings. This was due to the fact that various words and phrases in the sentence fit into different content categories. After coding was completed, the author counted the number of times that CCW's made written reference to treatment plan goals and strategies and SST. The first time block of recordings provided the necessary baseline measurements. They were compared to the results of the second time block analysis.

The author also asked a professional colleague, the author's former supervisor, to perform the same analysis using the author's coding scheme. This was done to increase the validity of the outcome measurements. The colleague had never been directly involved with the youths whose cases were analyzed.

Strategy Employed

The decision was made to teach CCW's a model of SST after the author reviewed the professional literature. Initially, SST was one of several solution strategies considered. Other favorable models and approaches reviewed included treatment planning methods (Hanley, 1988; Krueger, 1983; Tobin, 1989); introductory

training curricula for CCW's (Child Welfare Institute, 1988; Father Flanagan's Boys' Home, 1990; Ouderkirk, 1980); the conflict cycle model (Powell, 1990); and the life-space interview (Brendtro & Ness, 1983; Ouderkirk, 1980). There were several reasons for eventually selecting SST. As previously indicated, one of the author's goals was to provide the CCW's with working knowledge of an intervention technique that could be implemented in the group care environment. SST fit the need. It is a proactive approach, since it involves active teaching by CCW's, and it is an approach that builds youths' competencies. Professionals such as Durkin (1988, 1989), strongly advocate for competency-building interventions. SST is also a good intervention technique with youths who display chronic behavior problems (Brendtro & Ness, 1983), and SST complements other intervention approaches (Fox, 1990).

The author's second goal was to help CCW's become active and effective participants in the overall treatment planning process. The author chose an SST curriculum that included an excellent treatment planning component; consequently, the author did not have to design a different treatment planning model to fit the needs of SST intervention. The curriculum is

titled **Teaching Social Skills to Youth: A Curriculum for Child-Care Providers** (Dowd & Tierney, 1990). It is published by Father Flanagan's Boys' Home of Boys Town, Nebraska. Boys' Town utilizes SST as one of its primary treatment interventions. The SST teacher's guide is not available to non-affiliated agencies, so the author developed lesson outlines as part of the project.

Intervention techniques can be learned in a variety of ways. Some of the methods include: (1) college and university programs, (2) inservice training programs, (3) conferences, (4) workshops, (5) seminars, (6) books and manuals, (7) journal articles, (8) packaged programs, (9) professional consultation, (10) videos, and (11) various research papers. The author chose an inservice training method, as opposed to other learning options, because it was the most logical and practical means of instruction, considering (1) the group home's rural locale, (2) the group home's limited training budget, and (3) the staff's limited time availability while on-duty. The author was also influenced by a statement of Daly and Dowd (1992):

> These findings suggest that organizations waste considerable time and money by employing classroom-style training that is not specifically backed up by ongoing supervision to ensure program implementation.

> It is important for an organization to manage its own caregiver training. Outside experts can be valuable in developing training curricula, but they are not available to provide the performance feedback known to be necessary to prompt program implementation. Feedback after training is at least as important to the trainees as the training itself (p. 492).

The author led the inservice training, and also provided supervision and feedback for the CCW's as part of the solution strategy. "Feedback is information given to individuals about the correctness or incorrectness of their behavior" (Schinke & Wong, 1978, p. 47). Verbal feedback was used during training and during daily supervision following training.

Schinke and Wong's (1978) description of a research-based training program included a short segment on training evaluation. They noted the fact that pre/post tests are frequently utilized to measure knowledge acquisition. The author decided to use a pre/post test as one type of outcome measurement. The other type of evaluation, content analysis, was suggested by the author's practicum advisor. Weber (1990) provides a good overview of the steps involved in this research method.

Report Of The Action Taken

An outline of the weekly implementation plan is

attached (Appendix C) along with an outline of lesson plans from the author's inservice training (Appendix D). This project involved four major tasks: (1) pre-training preparation, (2) inservice training, (3) training practice, and (4) training evaluation. The author assumed responsibility for all tasks and related activities.

Week one was devoted to pre-training preparation. The author requested and received permission to substitute SST in place of agency-wide training scheduled to start at approximately the same time. Approval was granted by the agency's Director of Training.

Next, the author ordered additional copies of the aforementioned SST curriculum from Father Flanagan's Boys' Home in Boys Town, Nebraska. This action was taken in view of Boys Town's request that curriculum contents not be photocopied but, instead, that an original copy of SST be purchased for each CCW.

At the weekly staff meeting, the author informed CCW's about the upcoming training, and then asked for their support and cooperation in staying longer hours for meetings, four weeks in a row. They readily agreed to this request, since they had been asking for additional

training for several months.

The last activity of week one involved the designing of the pre/post SST knowledge test (Appendix A). The author studied the contents of the curriculum and developed 25 questions covering what the author believed to be important principles, techniques, and terminology associated with SST. The test was set up on a 100-point scale, thus making pre/post evaluation measurement easy to calculate.

The author had originally estimated week one preparation time at three hours. In reality, it took closer to five hours, four of the hours being devoted to test design.

Week two involved more pre-training preparation and the development of the first lesson plan. A training packet was put together for CCW's which included notebook paper, pens, and a pocket notebook. The pocket notebook was added so CCW's could jot down questions, comments, and observations between weekly training sessions. An easel, easel pad, and markers were purchased for lesson planning and presentation.

Originally, the author had planned to create the content analysis coding scheme, and code the first time-block of log recordings during week two. This

turned out to be a longer process than originally anticipated, so the author did not complete the analysis until the rest of the project had been completed.

The first training session was held at the end of the second week. The author opened the session by talking about some of the background work that had been done on the project, and then recounted for CCW's the author's perspective of the problem. It was explained that, through no fault of their own, CCW's had never been adequately trained to be fully active and effective treatment team participants. As a result, it had become apparent to the author that the CCW's (1) often did not have an adequate understanding of the origin and function of youths' problem behaviors, (2) often lacked an adequate repertoire of proactive intervention skills, (3) often overused punitive consequences, and (4) often appeared to be frustrated when working with youths displaying chronic behavior problems. The author then shared with CCW's how the problem had been documented through a review of personnel records, training records, treatment plans, daily log recordings, and weekly progress summaries. At that point, the author reiterated the fact that it was not the author's intent to cast blame on the CCW's but, instead, that the author

hoped to help them improve their skills. The CCW's wholeheartedly agreed and were very open in sharing their own feelings of frustration. That part of session one ended with a team commitment to enhance personal skills, so that the team could better prepare youths for life outside the group home environment.

When the session resumed, the author did a presentation on differential diagnosis and treatment, as described in the book **Re-educating Troubled Youth: Environments for Teaching and Treatment** (Brendtro & Ness, 1983). The objective was to show CCW's that SST is considered an appropriate intervention technique with youths displaying chronic behavior problems, and also to show that SST could complement the individual and group counseling services being provided by the Residential Caseworker. The SST pre-test was given after the presentation. Pre/post results are attached (Table A1). Session one concluded with the author's brief overview of SST.

The author's activities the next three weeks involved the development and presentation of lessons two, three, and four. This required about five hours work time each week, three hours to develop lesson plans and two hours to do the training.

The author started every training session by asking each CCW to summarize what she or he had learned the prior week. This was done to ensure that CCW's stayed on-track, and it gave the author opportunity to provide verbal feedback and encouragement. The author did most of the talking during training, but also allowed ample time for group discussion. CCW's were encouraged to stop the author at any point for discussion of potential SST application with specific youths. Session two covered (1) social skills concepts, (2) skill performance steps, (3) correlates of social skill deficiencies, (4) functional relationships of behavior, and (5) social skill components. At the end of session two, the CCW's agreed on two youths they wanted to focus on with SST during the project. The two youths were selected because of their limited progress in the program and their daily displays of disruptive behavior.

Session three focused on individual teaching techniques (1) specifying behaviors, (2) identifying what skills to teach, (3) planned teaching interactions, (4) planned teaching components, (5) promoting generalization during teaching, (6) effective praise components, and (7) promoting generalization through corrective teaching. During session three, the author

asked each CCW to read over an assigned portion of the lesson from the curriculum, and then to teach what she or he had learned to the rest of the group. This method worked well, and kept the CCW's actively involved in their own learning.

The fourth and last training session focused on SST treatment planning steps (1) establishing a problem inventory, (2) problem selection, (3) problem specification, (4) baselining, (5) specification of treatment goals, (6) formulation of treatment strategies, (7) follow-up revision, and (8) maintenance. The author had originally planned to give the SST post-test at the end of the fourth training session, but this was delayed until the next week's staff meeting. This action was taken to see how much information the CCW's might retain after training had been over for a week.

Aside from delaying content analysis, the only other problem encountered the first five weeks involved staff distraction caused by one youth being suspended from school on training days, three weeks in a row. The Residential Caseworker, a participant in training, had to leave sessions to transport the youth from school. Upon the youth's return, all of the staff had to keep an

eye on the youth through glass doors.

The post-test was given to CCW's at the weekly staff meeting at the beginning of week six. As previously indicated, pre/post results are found in Table A1. Following the test, the CCW's began formulating a cottage life intervention plan for one of the two youths they had chosen to focus on earlier in the project. They followed the SST treatment planning steps, and selected two basic skills to teach the youth, following instructions and accepting "no." All of the other steps were written into the plan, and the plan was added to the youth's master treatment plan. That same day, one of the CCW's sat down with the youth and went over the new plan. According to the CCW, the youth seemed excited about the concept and appreciated the special attention.

This same type of planning process was scheduled for the second youth during week seven; but it had to be delayed to week eight, due to other work responsibilities of the entire team. The CCW's did continue SST with the first youth.

When week eight arrived, the team evaluated the first youth's progress with SST, and decided to move on to teaching the youth the second basic skill that had been selected, accepting "no" answers. Team members present

(one of the CCW's had departed on a 21-day vacation) then formulated an intervention plan for the second youth. The SST problem targeted was "showing respect."

During the ninth and tenth weeks of the project, the CCW's continued teaching targeted social skills to the two youths. Starting week six and continuing throughout week ten, the author met with on-duty CCW's for 30 to 45 minutes on a daily basis, Monday through Friday, to give performance feedback information. This feedback was based upon the author's personal observation of CCW's utilizing SST, as well as feedback based upon the CCW's own self-evaluation of their skills. The author had to offer a lot of encouragement and support during this period, because the second youth seemed particularly resistive to the concept of SST.

Two obstacles were encountered between weeks six and ten. As indicated earlier, one of the female CCW's departed on a three-week vacation and was gone during weeks seven, eight and nine. Consequently, the author did not have much opportunity to observe this individual teaching social skills, and performance feedback was obviously limited. The second obstacle was a bit more subtle. Since the program is co-educational, male CCW's tend to work more with male residents, and female CCW's

tend to work more with female residents. The two youths selected for SST were both males. The second female CCW basically let the two male CCW's handle the planned teaching interventions.

The author designed the content analysis coding scheme, and coded the two time-blocks of log recordings after the minimum, ten-week implementation phase of the project was over. The whole process took the author about 24 hours of work time to complete. The steps are described in detail in the goals and objectives section of this report (p. 25); but, in brief, the author:

1. had the referenced time-blocks of log recordings typed out sentence-by-sentence (optional);
2. studied the two youths' treatment plans, and the CCW's log recordings concerning the two youths, and then from this study, created a coding scheme;
3. used the scheme to code words, phrases, and sentences in the log recordings;
4. counted the number of occurrences in which CCW's made written

reference to treatment plan goals and strategies and SST;

5. compared the results of the second time-block analysis to the results of the first time-block (the baseline measurement);
6. asked a professional colleague to do step three with the log recordings; and
7. repeated steps four and five with the colleague's coding analysis.

The content analysis results are attached (Table B1).

Chapter 4

RESULTS

Goal one was established, helping the CCW's to gain working knowledge on an intervention technique with applicability to daily work with youths in the group care environment because CCW's were mostly using punitive disciplinary measures with youths, rather than growth-enhancing interventions. The success of this practicum in achieving the first goal is described in relationship to the first objective stated in Chapter 3.

Objective 1: By the end of the fifth week of the project, participating CCW's will demonstrate increased knowledge of an intervention technique by at least 25% over the baseline, as measured by a pre/post test.

A sample of the SST knowledge test is attached (Appendix A). As indicated in Table B1, two of the four CCW's exceeded the 25% projected outcome. CCW(B) demonstrated a 40% increase in knowledge following training, and CCW(C) demonstrated a 36% increase. CCW's (A) and (D) both demonstrated a 24% increase in knowledge, just one percentage point below the projected outcome.

Based on test scores alone, the author believes the

outcome for goal one was achieved successfully. The CCW's demonstrated a significant increase in knowledge in relationship to their understanding of concepts, techniques, and terminology associated with SST. Two CCW's fell short of the projected 25% increase; but the author considers this rather insignificant, since they were just one point below the measurement standard.

Goal two, to help the CCW's learn treatment planning skills, was established because the CCW's had not been actively participating in the initial treatment planning process, and they had not been monitoring and evaluating treatment progress effectively. The success of this practicum in achieving the second goal is described in relationship to the second objective stated in Chapter 3.

Objective 2: By the end of the project, there will be a 50% increase in indicators of linkage between treatment plan goals and strategies and implementation of those strategies as reported in daily log recordings in two identified cases, as measured by content analysis of treatment plans and daily recordings written three weeks prior to project implementation, and log recordings

written the final three weeks of the project.

As indicated in Table B1, the author counted eight occurrences of treatment linkage in 20 days of CCW log recordings pertaining to "Youth 1," before the practicum inservice training started. Forty-five occurrences of linkage were tallied in CCW log recordings written the last 18 days of project implementation, a 462.5% increase in linkage over time-block one recordings. Days that "Youth 1" was on home visits were omitted from the 21-day measurement period. The author's professional colleague counted eight occurrences of linkage in the first time-block (same as the author) and 42 occurrences of linkage in the second time-block, a 425% increase.

The author counted 17 occurrences of linkage in 21 days of CCW log recordings pertaining to "Youth 2" before training started, and 25 occurrences of linkage the last 21 days of project implementation, a 47% increase over time-block one recordings. The colleague counted 16 occurrences of linkage in the first time-block, and 25 occurrences of linkage in the second time-block, virtually the same count as the author's, but resulting in a 56% increase as opposed to the author's 47% increase. The difference between the author's

percentage increase and the colleague's percentage increase was due to the fact that the author counted one more occurrence of linkage than the colleague counted in the first time-block.

Overall, the author believes SST inservice training and SST training practice helped the CCW's improve their treatment planning skills. Specific conclusions will be addressed in the next chapter.

Chapter 5

CONCLUSIONS AND RECOMMENDATIONS

Conclusions

This practicum project was initiated to help CCW's learn new treatment intervention techniques. Prior to the project's onset, CCW's were not actively involving themselves in the group home's treatment planning process, and they were not actively engaging youths in growth-enhancing interventions within the group care environment. The author's solution to this problem involved four weeks of inservice training to teach CCW's a model of SST, and five weeks of training practice to help them improve their treatment planning skills. From the data collected, it is evident that the goals and objectives were met.

The CCWs' knowledge of SST was measured using a 25-question testing instrument designed by the author. Based on pre/post results, it is readily apparent that CCW's gained increased knowledge of concepts, techniques, and terminology associated with SST. Two of the CCW's exceeded the 25% outcome projection, and the other two CCW's fell just one point short of the anticipated outcome. It is important to note that one of the CCW's falling below the projection had also scored highest on

pre-test results; consequently, this individual would have needed a near-perfect post-training score in order to have met or exceeded the projected outcome. Inservice training provided CCW's with the necessary knowledge base to continue into the next phase of the project which was training practice.

Content analysis was the process used to evaluate CCW's treatment planning skills. These findings were more difficult to analyze and interpret than those of the pre/post test. Overall, the findings indicate that CCW's did improve their treatment planning skills during the five weeks of training practice. The author and the author's colleague both noted increased occurrences of linkage between CCW log recordings and youths' treatment plan goals and strategies when comparing the second time-block of recordings to the first time-block. There was a dramatic increase, over 400%, in the number of occurrences of linkage in log recordings pertaining to "Youth 1"; and a less dramatic, yet substantial increase in the number of occurrences of linkage in log recordings pertaining to "Youth 2." The author noted a 47% increase, and the colleague noted a 56% increase. The difference in findings is attributable to just one additional occurrence of linkage in the colleague's coding results

as compared with the author's results.

Several salient points must be considered in the interpretation of content analysis findings. First, content analysis measured the log recording skills of the CCW team as a whole, not individual recording skills. Consequently, one cannot assume that each CCW improved personal log writing skills.

Second, the content analysis measurement was based on a relatively small and rather time-limited coding sample. Measurement outcomes may have increased or decreased if additional samplings had been analyzed over a longer time period.

Third, the dramatic increase in occurrences of linkage noted in CCW log recordings pertaining to "Youth 1" may be due to several factors. For certain, the first time-block of log recordings pertaining to "Youth 1" contained relatively few occurrences of linkage; consequently, it did not take a vastly greater number of linkage occurrences in the second time-block to result in a very high percentage outcome. Additionally, "Youth 1's" intervention plan was developed and implemented first; consequently, CCW's may have been more focused on SST application with this youth, thus making more log entries related to SST.

Fourth, "Youth 2's" intervention plan was developed at a later date than originally scheduled. As a result, CCW's did not begin implementation of the plan until the final two weeks of the project; consequently, there were fewer opportunities to make recordings concerning SST application, and thus fewer opportunities for writing entries which might have made linkage with the SST intervention plan. Also, the first time-block of recordings pertaining to "Youth 2" contained a higher number of linkage occurrences than the initial time-block of recordings pertaining to "Youth 1"; consequently, the increase in occurrences of linkage in the second time-block of recordings pertaining to "Youth 2" did not result in the same dramatic percentage increase as noted with "Youth 1."

Fifth, one of the CCW's departed on a 21-day vacation before "Youth 2's" intervention plan was developed. This CCW missed out on some of the practice training and performance feedback opportunities, and it was difficult for this individual to regain momentum with SST the first few weeks back at work. This CCW fell back into the habit of only recording youths' behaviors and activities. Yet, this CCW's recordings became a part of the content analysis study. If this

individual had not lost momentum, there may have been a higher percentage of occurrences of linkage in log recordings pertaining to both youths.

Last, it is important to note that the author and author's colleague both coded certain words and phrases as positive indicators of linkage, even when the CCW log entries contained a linkage that appeared more accidental than intentional. In other words, there would have been a lower number of occurrences of linkage if the coders had only counted those entries which appeared to describe planned intervention.

Weber (1990) makes the point that content analysis is a useful research method, but it is not a foolproof one. It is certainly subject to human error and other foibles, so the author has tried to point out some of the factors which may have impacted the results of the content analysis study.

Regardless of some of the pitfalls of content analysis, the author believes the practicum project produced successful and desired results. The CCW's learned a new proactive intervention approach to use with youths in the group care environment, and they learned and practiced treatment planning steps while working as a team to actually develop their own group

care intervention plans. This is what the author had hoped to achieve.

Recommendations

The author has three recommendations for those who may want to do a replication of this project or components thereof.

First, allow ample time for SST knowledge training. The author crammed a lot of information into four weeks of inservice training, and, in retrospect, probably should have lengthened the training time period.

Second, this particular SST model contained a section on group teaching techniques which the author did not cover during inservice training, but should have, since it is an efficient method to teach social skills to groups of youths.

Third, the CCW's described in this practicum chose to focus on two of the most difficult and resistive youths living at the group home. This was probably not a wise choice for those just implementing SST for the first time. The author should have encouraged CCW's to select youths more amenable to change.

The author discussed this practicum project with the agency's corporate administrators and the agency's site directors at the time that it was being developed,

and again, after it was completed. All parties gave very favorable responses, and all agreed that the training was needed. The other site directors have asked the author to conduct SST for their CCW's in the near future.

References

Barnes, H., & Bourdon, L. (1990). Cross-cultural perspectives in residential youthcare: The French educateur and the American child care worker. **Child & Youth Services, 13**(2), 301-315.

Barnes, H., & Kelman, S. (1974). From slogans to concepts: A basis for change in child care. **Child Care Quarterly, 3**(1), 7-28.

Basic skill development for child care staff. (1990). Boys Town, NE.: Father Flanagan's Boys' Home.

Brendtro, L., & Ness, A. (1983). **Reeducating troubled youth: Environments for teaching and treatment.** New York: Aldine Publishing Company.

Connecting: Essential elements of residential child care practice. (1988). Atlanta: Child Welfare Institute.

Daly, D., & Dowd, T. (1992). Harm-free environments for children in out-of-home care. **Child Welfare, LXXI**(6), 487-496.

Dowd, T., & Tierney, J. (1992). **Teaching social skills to youth.** Boys Town, NE.: Father Flanagan's Boys' Home.

Durkin, R. (1988). "Therapeutic" child care: A competency-oriented interpersonal approach. **Child &**

Youth Care Quarterly, 17(3), 169-184.

Durkin, R. (1990). Competency, relevance, and empowerment: A case for the restructuring of children's programs. **Child & Youth Services, 13**(1) 105-117.

Fewster, G. (1990). Growing together: The personal relationship in child and youth care. **Child & Youth Services, 13**(1), 25-39.

Fox, R. (1990). Social skills training: Teaching troubled youths to be socially competent. In M. Krueger & N. Powell (Eds.), **Choices in caring** (pp. 29-64). Washington, DC: Child Welfare League of America.

Hanley, D. (1988). **The development of proactive interventions in a native group home.** Unpublished practicum report, Nova University, Ft. Lauderdale, FL.

Krueger, M. (1983). **Intervention techniques for child/youth care workers.** Dousman, WI.: Tall Publishing, Inc.

Krueger, M., & Powell, N. (Eds.). (1990). **Choices in caring.** Washington, DC: Child Welfare League of America.

Maier, H. (1979). The core of care: Essential ingredients for the development of children at home and away from home. **Child Care Quarterly, 8**(4), 161-173.

Maier, H. (1987). **Developmental group care for**

children and youth. New York: Haworth Press.

Maier, H. (1990). A developmental perspective for child and youth care work. **Child & Youth Services, 13**(1), 7-23.

Maier, H. (1991). An exploration of the substance of child and youth care practice. **Child & Youth Care Forum, 20**(6), 393-409.

Ouderkirk, W. (Ed.) (1980). **On the line in child care: An entry level training curriculum for residential child care workers.** New York: Sally Bordan Publications.

Powell, N. (1990). The conflict cycle: A useful model for child and youth care workers. In M. Krueger & N. Powell (Eds.), **Choices in caring** (pp. 19-38). Washington, DC: Child Welfare League of America.

Schinke, S., & Wong, S. (1978). Teaching child care workers: A behavioral approach. **Child Care Quarterly 7**(1), 45-61.

Small, R., & Dodge, L. (1988). Roles, skills, and job tasks in professional child care: A review of the literature. **Child & Youth Care Quarterly, 17**(1), 6-23.

Thomas, G. (1989). Keeping children's needs paramount: A new era of accountability and opportunity for group residential services. **Child and Youth Care**

Quarterly, 18(2), 81-92.

Tobin, B. (1989). A model for child and youth care treatment planning. **The Child and Youth Care Administrator, 2**(1), 54-65.

Weber, P. (1990). **Basic content analysis** (2nd ed.). London: Sage Publications.

Bibliography

Becker, J. (1982). The emergence of clinical youth work as a profession. **University of Minnesota, Center for Youth Development and Research Quarterly Focus**, 105-111.

Becker, J., & Barnes, H. (1990). The educateur returns to America: Approaching the development of professional child and youth care cross-culturally through ILEX. **Child & Youth Care Quarterly, 19**(3), 161-175.

Collins, D., Gabor, P., & Ing, C. (1987). Communication skill training in child care: The effects of preservice and inservice training. **Child & Youth Care Quarterly, 16**(2), 106-115.

Christiani, T. (1978). Counseling skills and the child care worker: A research-based training program. **Child Care Quarterly, 7**(1), 87-97.

Friedman, R. M., Guick, J., Mayo, J., & Palmer, J. (1983). Social skills training within a day treatment program for emotionally disturbed adolescents. In C. LeCroy (Ed.), **Social skills training for children and youth** (pp. 139-151). New York: Haworth Press.

Hazel, J., Schumaker, J., Sherman, J., & Sheldon-Wildgen, J. (1982). Social skills training with

court-adjudicated youths. In C. LeCroy (Ed.), **Social skills training for children and youth** (pp. 117-137). New York: Haworth Press.

Hembling, D., & Mossing, J., (1978). An in-service basic counseling skills training program for child care counselors. **Child Care Quarterly 7**(1), 72-86.

LeCroy, D. (1983). Social skills training with adolescents: A review. In C. LeCroy (Ed.), **Social skills training for children and youth** (pp. 117-137). New York: Haworth Press.

Nicolaou, A., & McCauley, K. (1991). Training the American educateur: An interagency approach. **Child & Youth Care Forum, 20**(4), 275-290.

Trieschman, A., Brendtro, K., & Whittaker, J. (1969). **The other twenty-three hours.** New York: Aldine Publishing Company.

APPENDIX A

SOCIAL SKILLS TRAINING KNOWLEDGE TEST

Appendix A

Social Skills Training Knowledge Test

MULTIPLE-CHOICE: Circle the correct answer.

1. Which one of the following would be considered a social skill?

   A. Engaging in a conversation

   B. Coping with depression

   C. Staying on task

   D. All of the above

   E. None of the above

2. The relationship between a youth's behavior and the resultant effect from the environment is termed:

   A. Bidirectional

   B. Biangular

   C. Biaxial

   D. Bicephalous

   E. Bifarious

3. When attempting to analyze a youth's problem behaviors, child care workers should consider:

   A. Antecedent and consequent events

   B. Concurrent and coexisting events

   C. Deviant and normal events

   D. Consequent and conceptual events

   E. Antecedent and concurrent events

4. Child care workers attempting to improve a youth's social competency should analyze:

   A. Conflicting cues

   B. Situational cues

   C. Practice cues

   D. Rationale cues

   E. Prompting cues

5. Observing and describing the events that appear to precede and follow a significant behavior is called:

   A. A task analysis

   B. A deficiency analysis

   C. A practice analysis

   D. A duty analysis

   E. A functional analysis

6. In order to establish and maintain new social skills in a youth, child care workers must reinforce the occurrence of these skills at a ___?___ rate:

   A. Slow

   B. Moderate

   C. High

   D. None of the above

7. In a behavioral teaching program, ___?___ are individual, discrete, observable acts demonstrated as part of a larger measure of activity:

A. Cues

B. Skills

C. Behaviors

D. Goals

E. Prompts

8. ___?___ are sets of related components that are designed to produce positive results for the user in defined situations.

A. Attributes

B. Skills

C. Behaviors

D. Prompts

E. Assessments

9. The elements of social skills are identified and defined through a process termed ___?___.

A. Assessment analysis

B. Sequencing analysis

C. Observational analysis

D. Task analysis

E. None of the above

10. Deficits in social functioning can be measured with ___?___.

A. Sociometric measures

B. Naturalistic observation and recording

C. Teacher/child care worker ratings

D. All of the above

E. None of the above

11. Planned teaching interactions should be utilized when a youth is ___?___.

A. Rebellious and disruptive

B. Emotionally upset and withdrawn

C. Cooperative and compliant

D. All of the above

E. None of the above

12. Generalization is said to occur when ___?___.

A. A behavior learned under one set of circumstances occurs, appropriately, under other circumstances

B. A behavior learned under one set of circumstances does not work under a different set of circumstances

C. A behavior learned in an unusual set of circumstances does not work in a normal set of circumstances

D. None of the above

13. Well-constructed ___?___ point out to the youth how learning appropriate styles of interacting with others will produce favorable outcomes in other

arenas of his/her life.

A. Rationales

B. Generalizations

C. Contingencies

D. Prompts

E. None of the above

14. A technique for reinforcing the occurrence of prosocial skills in a manner that a youth finds enjoyable and in which the outcome is educational is termed ___?___.

A. Effective reflection

B. Effective initiation

C. Effective praise

D. Effective prompting

E. None of the above

15. An example of an appropriate corrective teaching interaction would be ___?___.

A. Isolating a youth

B. Ignoring a youth

C. Restraining a youth

D. All of the above

E. None of the above

16. Which one of the following items would not be considered an essential step in formulating a

specialized treatment plan:

A. Problem inventory

B. Problem selection

C. Baselining

D. Problem orientation

E. Follow-up

TRUE/FALSE: Circle the correct answer

17. A child care worker should consider a youth's perspective of a problem behavior before selecting a social skill to teach.

TRUE FALSE

18. Researchers have generally concluded that social skills training is not an effective treatment intervention for aggressive and antisocial youths.

TRUE FALSE

19. Researchers have generally concluded that social skills training is not an effective treatment intervention for delinquent youths.

TRUE FALSE

20. Broadly speaking, behavioral consequences can be classified into two general types: reinforcing and punishing.

TRUE FALSE

21. It works better if a youth receives social skills

instruction from just one child care worker rather than several different ones.

TRUE FALSE

22. In most cases, it is appropriate to combine higher-functioning and lower-functioning youths in the same social skills training group.

TRUE FALSE

23. Corrective teaching interventions work best when a child care worker is able to be stern and confrontative.

TRUE FALSE

24. It would be appropriate to involve a sexual perpetrator in social skills training.

TRUE FALSE

25. It is appropriate to give a youth a special privilege or reward if he/she demonstrates the learning of a new social skill.

TRUE FALSE

APPENDIX A1

SOCIAL SKILLS TRAINING TEST SCORES

Table A1

Social Skills Training Test Scores

Child Care Worker	Pre-Test %	Post-Test %	Difference %
A	56	80	24
B	56	96	40
C	56	92	36
D	64	88	24
Average	58	89	31

APPENDIX B

CONTENT ANALYSIS CODING SCHEME

Appendix B

Content Analysis Coding Scheme

Introduction: Attached are typewritten transcripts of actual log recordings that were originally handwritten by four child care workers. The recordings pertain to two youths who live at a residential care group home. The names of the youths and certain other identifying information has been deleted in order to protect client confidentiality. The first youth is referred to as "Youth 1" and the second youth is referred to as "Youth 2." The objective of this analysis is for a coder to classify the words and phrases of each sentence into specific subject-matter categories. The five categories are:

1. behavior/attitude (BA)
2. disciplinary intervention (DI)
3. activity description (AD)
4. behavior intervention (BI)
5. miscellaneous information (MI)

Coder Instructions:

1. Carefully read over the content analysis coding scheme which follows these instructions.
2. Read the words and phrases in each sentence of the log recordings and then determine which

subject-matter category you believe it matches. Code the sentence with the appropriate abbreviation (e.g. BA, DI, AD, BI, or MI).

3. If the various words or phrases contained in one sentence appear to fit into separate categories, then bracket the particular word or phrase and code it differently than the other words or phrases. (In other words, one sentence may contain one or more coding abbreviations.)

Coding Scheme:

1. If words or phrases are describing or implying the behavior or attitude of the youths, then code them BA.

Indicator Words

(negative)

-agitating
-arguments
-authority problems
-awful
-bad day/good day
-behavior problems
-belligerency
-bossy
-butted in
-complaining
-cutdowns
-demanding
-depressed
-disappointed
-disruptive
-disrespectful
-fidget
-furious
-goading
-grumpy
-hateful
-horseplay
-hostile
-insisting
-lie
-limit-testing
-loss of control
-lousy
-low self-esteem
-mean
-mouthing
-name calling
-negative
-oppositional
-out-of-control
-peer interaction problems
-physically aggressive
-picking on people
-playing tricks on people
-pot-stirring
-profanity
-racial slurs
-refusing
-rowdy
-rude
-sexually explicit
-screaming
-shouting
-smoking
-threatening
-touching inappropriately
-upset
-victimized

(positive)

-calm
-cooperative
-decent
-excellent
-good
-okay
-pleasant
-quiet
-reasonable
-upbeat

2. If words or phrases are describing a disciplinary intervention undertaken by a child care worker (or other staff), code them DI. (A disciplinary intervention means the youth has lost a "freedom," privilege, or possession.)

Indicator Words

-cancel
-charged for
-confiscated
-held over
-losing points
-not allowed to
-removed
-social/social restriction
-total restriction/TR

3. If words or phrases are describing a work, recreation, or leisure activity in which the youths were involved, then code them AD.

Indicator Words

-activity
-basketball
-bike
-canoeing
-chores/super chore
-cleaning
-computer
-gameboy
-homework
-library
-movie
-music
-painting
-party
-picking up
-raking
-swimming
-shopping
-shower
-television
-videos
-walk
-wash
-work

4. If words or phrases are describing actions undertaken by a child care worker (or other staff) to teach or support the youths, or if references are made to treatment plans and strategies, code them BI.

Indicator Words

-accepting "no" answers
-ask/asking/asked
-basic skills training
-blocked/blocking
-building basic skills
-check back
-completion of task
-confront
-conversation
-corrective teaching
-discuss/discussing/discussion
-earn back
-effective praise
-explain/explaining/explained
-eye contact
-feeling words
-following instructions
-go through steps
-group/group meetings
-help
-ignoring
-individual/individual counseling
-leave alone
-look at the person
-on/off
-one-to-one/one-on-one
-played
-preventive skill building
-process
-proper communication
-pull aside
-rewards
-remind
-role play
-sat down with
-say o.k.
-showing respect
-social skills
-steps to follow
-suggestion
-telling "no"
-talking
-treatment plan
-write

5. If words or phrases are describing miscellaneous information which does not fit into the other categories, then code them MI.

APPENDIX B1

CONTENT ANALYSIS CODING RESULTS

Table B1

Content Analysis Coding Results

Child Care Worker Log Recordings

	Occurrences of Linkage Pre/SST	Occurrences of Linkage Post/SST	Increase %
YOUTH 1			
(coder)			
Author	8	45	462.5
Colleague	8	42	425
YOUTH 2			
(coder)			
Author	17	25	47
Colleague	16	25	56

APPENDIX C

WEEKLY IMPLEMENTATION PLAN

Appendix C

Practicum Weekly Implementation Plan

Week One: Pre-Training Preparation

(Estimated Time: Three hours)

Activities:

1. Request permission from the agency's director of training to substitute author's training for a period of ten weeks. The director of training is planning to initiate a new agency-wide training program in September, 1993.
2. Order four (4) more copies of the SST curriculum **Teaching Social Skills to Youth** from Father Flanagan's Boys' Home in Boys Town, Nebraska. Boys Town will allow the author to use their copyrighted curriculum, provided the author orders a copy of the curriculum for each CCW.
3. Inform CCW's of the upcoming inservice training, and enlist their cooperation in staying longer for weekly staff meetings.
4. Develop a pre/post SST knowledge test. Boys Town does not make its standardized pre/post test available to non-affiliated sites. The author will construct a test containing 25 questions. The test will equal 100 points, and will include

multiple-choice and true/false answers. The test will cover basic principles, techniques, and terminology of SST. CCW's will take the test prior to inservice training and then again at the completion of training (week five).

Week Two: Pre-Training Preparation and Inservice Training
(Estimated Time: 12 hours)

Activities:

1. Create a coding scheme for content analysis of log notes and treatment plans.
2. Prepare training packet for CCW's; include notebook paper, pocket notebook, and pens. The CCW's will use the pocket notebook to jot down questions, comments, and observations between training sessions.
3. Purchase easel, easel pad, and magic markers for use in training sessions.
4. Conduct content analysis of log recordings and two treatment plans for the three-week time period immediately prior to September 14, 1993.
5. Have CCW's select two youths who are causing the CCW's the most frustration because of lack of progress and chronic behavior problems. Analyze youths' treatment plans, looking for words and

phrases that link log recordings to the goals and strategies outlined in the treatment plans. This first content analysis will be used as a baseline to evaluate the CCW's observation and recording skills at the end of the project.

6. Develop inservice training session I.
7. Conduct knowledge pre-test.
8. Conduct training session I.

Week Three: Inservice Training

(Estimated Time: five hours)

Activities:

1. Prepare training session II.
2. Conduct training session II.

Week Four: Inservice Training

(Estimated Time: five hours)

Activities:

1. Prepare training session III.
2. Conduct training session III.

Week Five: Inservice Training and Training Evaluation

(Estimated Time: five hours)

Activities:

1. Prepare training session IV.
2. Conduct training session IV.
3. Conduct post-test.

Week Six: Training Practice/Performance Feedback

(Estimated Time: five hours)

Activities:

1. During the weekly staff meeting, work with the CCW's to formulate a social skills intervention plan for first youth; add this plan to the master treatment plan.
2. Meet daily with the on-duty CCW's to conduct performance feedback. Discuss implementation of social skill intervention plan.

Week Seven: Training Practice/Performance Feedback

(Estimated Time: five hours)

Activities:

1. During the weekly staff meeting, work with the CCW's to formulate a social skills intervention plan for second youth; add this plan to the master treatment plan.
2. Continue to meet with the on-duty CCW's for performance feedback.

Week Eight: Training Practice

(Estimated Time: five hours)

Activities:

1. During weekly staff meeting, review progress/lack of progress with first intervention plan.

2. Continue to meet with CCW's on a daily basis for performance feedback.

Week Nine: Training Practice

(Estimated Time: five hours)

Activities:

1. During weekly staff meeting, review progress/lack of progress with second intervention plan; make revisions and/or adjustments as necessary.
2. Continue to meet with CCW's on a daily basis for performance feedback.

Week Ten: Training Evaluation/Measurement

(Estimated Time: five hours)

Activities:

1. Do content analysis of log recordings for the past three weeks. Analyze the linkages between log recordings and treatment plans.

APPENDIX D

INSERVICE TRAINING LESSON PLAN OUTLINES

Appendix D

SST Inservice Training Lesson Plan Outlines

Session Outline - Session I (2 hours)

I. Background

- A. The "Problem"
- B. Intervention Alternatives
- C. Social Skills Training Pre-Test
- D. Brief Overview of Social Skills Training

Session Outline - Session II (2 hours)

II. Overview

- A. Review Session I
- B. Overview of Social Skills Training
  1. Concept of social skills
  2. Skill performance steps
  3. Correlates of social skill deficiencies
- C. Elements of Social Behavior
  1. Functional relationships of behavior
  2. Social skill components

Session Outline - Session III (2 hours)

III. Individual Teaching Techniques

- A. Review Session II
- B. Teaching Techniques
  1. Specifying behaviors
  2. Identifying what skills to teach

3. Planned teaching interactions
4. Planned teaching components
5. Promoting generalization during teaching
6. Effective praise components
7. Promoting generalization through corrective teaching

Session Outline - Session IV (2 hours)

IV. Social Skills and Treatment Planning

A. Review Session III

B. Treatment Planning Steps

1. Problem inventory
2. Problem selection
3. Problem specifications
4. Baselining
5. Specification of treatment goals
6. Formulation of treatment strategies
7. Follow-up/revision
8. Maintenance

C. Social Skills Training Post-Test